Tree Removal Permit Application¹

Application Filing Fee: \$20.00 Return to: **Building Department** [insert address] 1. APPLICANT INFORMATION: ADDRESS: _____ CITY: _____ STATE: ____ ZIP CODE: ____ PHONE NUMBER: _____ EMAIL: ____ 2. PROPERTY OWNER INFORMATION (IF DIFFERENT THAN APPLICANT): ADDRESS: CITY: _____ STATE: ____ ZIP CODE: ____ PHONE NUMBER: _____EMAIL: ____ 3. DETAIL OF WORK TO BE PERFORMED (Include tree species or type, diameter measured at 4 ½ feet from base of tree, and reason for removal) 4. PERSON/CONTRACTOR DOING TREE REMOVAL WORK: NAME: _____ ADDRESS: CITY: _____ STATE: ____ ZIP CODE: ____ PHONE NUMBER: _____ EMAIL: ____ LICENSE NUMBER: 5. Is the trunk of the tree proposed for removal within five feet of a property line?

Yes ____ No ____

¹ See §275 (Trees) for complete ordinance. A Tree Removal Permit Application must be completed for each tree to be removed.

If yes, by signing below, the applicant attests that the applicant has notified the owner of the adjacent property in writing of the applicant's intent to remove the tree. 6. Is the tree proposed for removal on the property line? No ____ Yes ____ If yes, then the applicant must provide written consent of the adjacent property owner at the time of filing this Application for a tree removal permit. 7. The Property Owner hereby elects (choose one of the following options): To pay \$350.00 fee per tree (the "Replacement Fee") to be removed which payment is due upon filing this Application. Checks should be made payable to "Leonia Shade Tree Trust Fund." To seek a waiver of the payment of the Replacement Fee because the subject tree is dead, dying, diseased, or fatally damaged, as determined by a Licensed Tree Expert retained by the property owner at the property owner's expense, a copy of which determination is submitted with this Application together with a color photograph of the dead, dying, diseased or fatally damaged tree(s). 8. The Property Owner acknowledges that a condition to the approval of this Tree Removal Permit

Application is that the Property Owner is required to meet with a member of the Shade Tree

Commission or the Commission's designee within 30 days of the date of this Application.²

The undersigned each hereby certify that all information submitted on this Application and any accompanying documents, if any, is true and complete to the best of my knowledge. I understand that the tree removal permit does not exempt responsibility to secure Building Permits, Engineering Permits, Board of Health Approvals or other permits or approvals as required by municipal, county, state or federal agencies. Any incorrect information in this Application or other documents submitted in connection with this Application will render this Application void and the permits and approvals based on it. A person found guilty of violating Chapter 275 "Trees" of the Code of the Borough of Leonia will be fined up to \$1,500 for each offense, plus a replacement assessment for any tree removed.			
Signature of Applicant	Date	Signature of Property Owner	Date
FOR COMPLETION BY BUILDING DEPARTMENT ONCE THE PROPERTY OWNER HAS COMPLETED ALL REQUIREMENTS FOR A TREE REMOVAL PERMIT INCLUDING PAYMENT OF THE REPLACMENT FEE (IF APPLICABLE):			
Insert Date that Property Owner met with Shade Tree Commission:			
The undersigned approves the Tree Removal Permit Application:			

Insert Name

Signature

Date

² Meeting with Shade Tree Commission is not required if Property owner is seeking waiver of payment because subject tree(s) is dead, dying, diseased or fatally damaged.